Statistical Bulletin
METROPOLITAN LIFE INSURANCE COMPANY
Volume 38 October 1957

International Variations in Mortality

ALTHOUGH differences in mortality between countries have been diminishing in the past few decades, wide international variations are still observed. For example, in Norway, Sweden, and the Netherlands the age-adjusted death rate for males was less than 9 per 1,000 in 1954, while in Finland, Sweden's neighbor, and Japan the corresponding rate was somewhat over 13 per 1,000. If reliable data were available for the underdeveloped countries of the world, many would undoubtedly show even higher levels of mortality. Death rates, by sex, for 19 countries are given in the table on page 2; the rates both for all causes combined and for individual causes have been adjusted for differences in the age composition of the population of the several countries. However, no allowance has been made for international variations in the completeness of reporting deaths.

The United States occupies an intermediate position with respect to mortality among males, the death rate among our white males being 10.6 per 1,000 in 1954. On the other hand, the mortality record for white females in the United States is close to the best in the world. Their age-adjusted death rate was only 6.9 per 1,000; Norway alone had a lower female mortality (6.4).

Each of the 19 countries shows a higher death rate among males than among females, but the sex ratio varies from one country to another. The widest differences are found in the United States, England, and France, where the ratio of male to female mortality is 1½ to 1. At the other end of the scale, are Denmark, Sweden, and Israel, where the mortality among males exceeds that for females by 20 percent.

International data on mortality from specific causes are instructive, even though they are not strictly comparable. The variations are influenced by the general level of medical practice, modes of certifying causes of death, and classification procedures.

The cardiovascular-renal diseases are a dominant item in the mortality of industrialized countries throughout the world, as the table

Age-Adjusted Death Rates* per 100,000 From Selected Causes, by Sex and Country, 1954

Sex and Country	All Causes	Cardiovascular-renal Diseases	Malignant Neoplasms	Pneumonia	Tuberculosis Respiratory System	Accidents		Suicide
						Motor Vehicle	Other	
Male								
United States†	1,057	584	158	25	12	34	43	17
Canada‡	1,017	527	153	33	12	28	53	12
Austria	1,236	445	210	52	36	11	70	30
Belgium	1,136	425	174	28	32	17	46	18
Denmark	920	418	175	23	8	23	30	30
England and Wales	1,131	548	197	42	21	16	27	13
Finland	1,337	602	216	58	61	15	59	34
France	1,173	363	166	47	37	28	49	23
Germany¶	1,123	399	177	41	24	35	45	25
Italy	1,101	428	138	58	27	24	30	9
Netherlands	852	357	174	24	8	20	28	9
Norway	814	336	146	37	16	9	49	12
Scotland	1,267	641	213	38	24	16	43	8
Sweden	879	427	134	38	13	20	32	23
Switzerland	1,076	466	197	24	21	27	54	32
Australia	1,136	602	150	40	15	36	45	16
Israel§	1,028	481	136	39	17	8	67	6
Japan	1,314	401	140	53	78	11	54	32
New Zealand•	1,000	510	154	26	14	23	48	14
Female								
United States†	694	381	131	16	4	11	20	4
Canada‡	733	378	134	24	6	10	21	4
Austria	889	361	154	37	15	3	29	12
Belgium	812	314	144	20	9	4	19	6
Denmark	772	364	169	21	5	6	25	14
England and Wales	740	383	133	29	8	4	16	7
Finland	903	449	136	53	24	4	23	8
France	768	247	120	34	14	6	22	6
Germany¶	860	341	148	33	9	8	21	11
Italy	858	373	111	49	11	4	11	3
Netherlands	701	320	148	19	5	5	15	4
Norway	640	288	129	37	8	3	19	2
Scotland	894	483	150	26	14	5	25	3
Sweden	725	368	127	34	7	5	15	7
Switzerland	785	389	141	19	10	7	21	11
Australia	765	422	119	26	4	10	19	5
Israel§	859	387	146	34	7	2	36	3
Japan	991	311	106	42	47	3	18	19
New Zealand•	710	378	127	19	4	5	25	4

*Adjusted on the basis of the age distribution of the total population of the United States, including Armed Forces overseas, on July 1, 1954.

†White population. ‡Excludes Yukon and Northwest Territories.

¶Federal Republic. §Jewish population. •Excludes Maoris.

Source of basic data: World Health Organization, *Annual Epidemiological and Vital Statistics, 1954*, Geneva, 1957.

shows. The proportion that this group of diseases is of the total mortality ranges from nearly one third in France and Japan to more than one half in the United States, Canada, Scotland, Australia, and New Zealand. The age-adjusted death rate from the cardiovascular-renal diseases among males in 1954 was as low as 336 per 100,000 in Norway and as high as 641 in Scotland, the rate in the United States being 584; among females the range was from 247 per 100,000 in France to 483 in Scotland, the corresponding rate in our country being 381. Our record for the cardiovascular-renal diseases is comparatively less favorable than that for all causes combined. Although the United States ranks 8th with respect to total mortality among males, it is in 16th place for the cardiovascular-renal diseases; the disparity in ranking is even wider for females, their position dropping from 2d to 13th place.

The mortality from cancer and allied conditions (malignant neoplasms) likewise varies considerably from one country to another. Among males, the death rates in 1954 were lowest in such widely separated countries as Sweden (134 per 100,000), Israel (136), Italy (138), and Japan (140), and highest in Scotland (213) and Finland (216). Among females, the mortality from this cause ranged from 106 per 100,000 in Japan to 169 in Denmark. In every country but Israel, the cancer death rate was greater for males than for females.

Throughout the world, marked progress has been made in reducing the death toll from the infectious conditions. As a consequence, such diseases as pneumonia and tuberculosis, which not many decades ago loomed large in the total mortality, now account for only a relatively minor proportion of all deaths in many countries. In the United States, for example, the age-adjusted death rate from pneumonia in 1954 was 25 per 100,000 among white males and 16 per 100,000 among white females—less than 3 percent of the total mortality in each sex. The death rate from tuberculosis of the respiratory system among our white females is down to the extraordinary low level of 4 per 100,000, and the experience in our country is not unique.

Very few of the countries under review have a higher accident death rate than the United States or Canada. The unenviable record for these two countries results largely from their comparatively high motor vehicle accident mortality. Only Australia and Germany show greater death rates from this cause among males; the United States and Canada had the poorest record with respect to the frequency of motor vehicle accidents among females.

The suicide rate is subject to particularly wide international variations. Among males, the death rate from this cause ranged from a high

of 34 per 100,000 in Finland, and 32 in both Japan and Switzerland, to 6 per 100,000 in Israel. Among females, the suicide rate varied from 19 per 100,000 in Japan to 2 in Norway.

Marked Gains in Industrial Safety

AMERICAN industry has been eminently successful in reducing the frequency of accidental death on the job. Although the number of employed persons in the United States has increased by about 15 million in the past 15 years, the loss of life in occupational accidents has decreased by nearly 3,000—from 17,000 to little more than 14,000. The occupational accident death rate per 100,000 workers decreased more than one third between 1939-41 and 1954-56, that is, from 36.9 to 23.9.

Available data indicate that many industries, both manufacturing and nonmanufacturing, have improved their safety record, some to a very marked degree. The transportation industry provides a notable example. The occupational accident death rate for railroad engineers, firemen, conductors, brakemen, and other trainmen, as a group, dropped from 136.2 per 100,000 in 1939-41 to 47.3 in 1954-56, or nearly two thirds. As is the case in most industries which have achieved an extraordinary reduction in accident mortality, the railroads have for many years given special and continuous attention to safety. Their program centers about three major activities: the development and use of safer equipment, efforts to obtain strict compliance with safety rules and practices, and safety education among those who use the railroads.

In the past 15 years, workers in the petroleum industry, despite the potential hazards of fire and explosion, have experienced a reduction of more than two fifths in their on-the-job accident fatality and permanent total disability rate. The rate for all departments combined—including exploration, drilling, and refining — dropped from 31.9 to 18.0 per 100,000 between 1939-41 and 1954-56. Part of the improvement is attributable to technological advances in the industry. A number of processes which in the past were controlled manually are now being monitored by means of instruments, with a consequent reduction in the proportion of workers engaged in hazardous tasks.

Similarly, in the chemical industry the introduction of automatic machinery in many operations has apparently lessened the exposure of workers to accident hazards and toxic materials. The chemical companies which report their accident experience to the National Safety Council show a drop of nearly

three fourths in the rate of fatalities and permanent total disabilities during the 15 years under review. The pulp and paper manufacturing industry has done almost as well.

Several of the more hazardous industries have likewise made noteworthy progress in lowering the level of their fatal accident rate. One example is the coal mining industry, in which workers are subject to special hazards associated with working underground. The accident death rate among coal miners in the United States decreased from 230.6 to 166.7 per 100,000, or more than one fourth, between 1939-41 and 1954-56. The Bureau of Mines attributes the improvement, in part at least, to safer procedures and equipment, improved methods of mining, and to increased mechanization. The lumber and the electrical industries—other industries where comparatively high accident mortality still prevails—appear to have reduced their fatal injury rate by approximately one third in the past 15 years, according to the experience of companies reporting to the National Safety Council.

The progress made in industrial safety reflects the efforts of management and labor, Federal and State agencies, the National Safety Council, the American Standards Association, and other groups. But much more remains to be accomplished, particularly by those segments of industry which have lagged behind in promoting safety programs. Not only do accidents arising out of and in the course of employment still take an annual toll of about 14,000 lives, but they also result in more or less serious injuries to two million workers each year.

Note: The following sources were used in the preparation of this article: Review of Fatal Injuries in the Petroleum Industry, published annually by the American Petroleum Institute; various reports of the United States Bureau of Mines; annual issues of the Accident Bulletin of the Interstate Commerce Commission; Accident Facts, 1957 edition, and Accident Rates 1955, both of which are published by the National Safety Council.

Nonfatal Accidents Among Youngsters

ACCIDENTAL injuries occur with considerably greater frequency among boys than among girls, but only a relatively small proportion of the victims in each sex are hospitalized for their injuries. These are the conclusions drawn from a study of the experience of dependent children under age 20 of Metropolitan Life Insurance Company office and field personnel insured under the Company's Group insurance program. The study relates to claims on which first benefit payments were made during the three-year period from August 1953 through July 1956. This experience is limited to cases involving surgery, whether hospitalized or not, and cases receiving

treatment in a hospital, whether as inpatients or outpatients.

The annual claim rate for accidental injuries, including both hospitalized and nonhospitalized cases, was 59.5 per 1,000 for males and 33.7 per 1,000 for females, a ratio of 1¾ to 1 in the age group under 20. However, the ratio of male to female rates varied markedly with age, increasing progressively from about 1⅓ to 1 under

TABLE 1—INCIDENCE OF ACCIDENTAL INJURY BY CAUSE

Ages Under 20 Years by Sex, With or Without Hospital Stay

Dependent Children of Metropolitan Life Insurance Company Personnel*

Claims With First Payment in the Period August 1953 Through July 1956

Cause of Injury	Annual Claim Rate per 1,000 Dependents of Stated Age									
	Males					Females				
	0-19	0-4	5-9	10-14	15-19	0-19	0-4	5-9	10-14	15-19
Claims With Hospital Stay										
All Accidents	8.3	4.9	7.6	11.0	12.2	4.9	4.0	5.7	4.9	5.0
Motor vehicle accidents	1.4	.6	1.2	1.7	2.5	.8	.3	.7	.7	1.9
Other transport accidents	.5	.2	.8	.8	.2	.4	.2	.7	.3	.4
Accidental poisoning	.3	.7	.1	.9	.1	.2	.5	.1	.1	.2
Accidental falls	3.4	2.1	3.2	5.4	3.6	2.3	1.6	2.8	3.4	1.4
Accidents caused by cutting and piercing instruments	.4	.4	.5	.4	.4	.3	.3	.3	.1	.2
Accidents caused by hot substance, corrosive liquid, and steam	.1	.1	.1	—	.1	.2	.4	.2	—	—
Accidents from foreign body entering through orifice	.1	.2	.1	—	.1	.1	.2	.1	.1	—
All other accidents	2.0	.6	1.4	2.6	5.1	.6	.6	.8	.3	.9
Claims Without Hospital Stay†										
All Accidents	51.2	44.4	59.1	50.8	50.7	28.8	33.5	32.5	26.5	16.1
Motor vehicle accidents	1.7	1.5	1.7	1.1	2.9	1.2	1.0	1.5	.9	1.4
Other transport accidents	2.7	.9	4.7	3.3	1.8	1.6	.6	2.9	2.2	.5
Accidental poisoning	.5	1.4	.1	—	—	.5	1.4	.1	—	—
Accidental falls	22.2	22.9	24.5	21.0	18.5	13.8	16.5	14.3	14.0	7.2
Accidents caused by cutting and piercing instruments	7.2	5.1	10.0	7.1	6.3	3.2	3.4	4.2	3.1	1.2
Accidents caused by hot substance, corrosive liquid, and steam	.4	.9	.3	.2	.1	.6	1.5	.2	.1	.1
Accidents from foreign body entering through orifice	.8	1.1	.8	.5	.7	.9	1.7	.7	.3	.6
All other accidents	15.7	10.6	17.0	17.6	20.4	7.0	7.3	8.6	6.0	5.1

*Personnel in Pacific Coast States and Canada not included.

†Cases of surgery performed in a doctor's office and cases involving outpatient hospital care.

Note: Figures in italics are based upon fewer than 10 cases.

TABLE 2—AVERAGE LENGTH OF HOSPITAL STAY BY CAUSE OF INJURY

Dependent Children Under Age 20 of Metropolitan Life Insurance Company Personnel*
Claims With First Payment in the Period August 1953 Through July 1956
Traced Through July 1956

Cause of Injury	Days of Hospital Stay per Claim at Stated Age									
	Males					Females				
	0-19	0-4	5-9	10-14	15-19	0-19	0-4	5-9	10-14	15-19
All Accidents	5.0	5.1	4.6	5.0	5.6	5.1	5.3	4.5	3.6	*7.6*
Motor vehicle accidents	10.0	11.5	10.9	9.2	9.3	10.4	*3.3*	10.7	*9.1*	12.5
Other transport accidents	3.3	*3.7*	2.0	4.6	*5.0*	1.3	*1.0*	1.4	*1.3*	*1.0*
Accidental poisoning	1.4	1.3	*2.0*	*1.0*	*2.0*	1.9	*2.1*	*1.0*	*1.0*	*2.0*
Accidental falls	3.9	6.3	2.9	3.5	3.5	4.2	9.0	2.0	3.0	5.9
Accidents caused by cutting and piercing instruments	3.0	*1.5*	*6.1*	*1.6*	*2.3*	2.2	*1.0*	*1.6*	*2.0*	*6.5*
Accidents caused by hot substance, corrosive liquid, and steam	*3.5*	*3.0*	*5.0*	—	*1.0*	*10.6*	*5.0*	*23.7*	—	—
Accidents from foreign body entering through orifice	*1.2*	*1.0*	*1.0*	—	*2.0*	*4.8*	*2.0*	*17.0*	*1.0*	—
All other accidents	5.4	2.8	4.7	6.3	5.8	5.0	*4.7*	5.8	*3.0*	*4.4*

*Personnel in Pacific Coast States and Canada not included.
Note: Figures in italics are based upon fewer than 10 cases.

age 5 to practically 3 to 1 at ages 15-19. These ratios reflect the fact that for males the lowest claim rate is at the youngest age group while among females it is at 15-19 years.

In this experience, only one seventh of the injured were hospitalized for at least one night, the proportion being almost identical for the two sexes. Among males the incidence of claims for accidental injuries requiring at least one night of hospitalization increased with advancé in age, but the rates for females showed no definite pattern; the details are given in Table 1.

The number injured in falls exceeded by a wide margin the number hurt in any of the other types of accident; this pertained both to cases hospitalized and to those without hospital stay. Falls accounted for two fifths of the hospitalized cases among males and for nearly one half among females. Motor vehicle accidents ranked second among the causes of accidental injury requiring hospitalization. The incidence of nonhospitalized motor vehicle accident injuries was somewhat higher than that for the hospitalized, yet this type of accident ranked only fourth as a cause of injury among the nonhospitalized cases. Outranking motor vehicles in

the latter category were injuries caused by cutting and piercing instruments and those sustained in other transport accidents, mainly those involving bicycles.

For children under age 20 as a group, the average hospital stay per claim was 5 days, as is shown in Table 2. For males, the average stay varied from a low of 4.6 days at ages 5-9 to 5.6 days at ages 15-19. For females, the range was greater—from 3.6 days at ages 10-14 to 7.6 days at ages 15-19. About 40 percent of all those hospitalized stayed only one day, 16 percent for two days, and 9 percent for three days. Only 13 percent stayed 10 days or more, but these cases accounted for about 56 percent of the total days of hospitalization in this study.

Both the boys and the girls injured in motor vehicle accidents were hospitalized for about 10 days, on the average—longer than for any other common type of mishap. Those hospitalized because of injuries sustained in falls stayed an average of about four days. The average period of hospitalization for girls admitted because of burns appears to be relatively long, but it reflects mainly the extended hospital stay of only a few cases. On the other hand, short periods of hospitalization — averaging less than two days—were required by boys and girls admitted because of accidental poisoning and by girls hospitalized because of transport accidents other than motor vehicle.

For an appreciable number of children, more than one claim for accidental injury was submitted during the three-year period of observation. In fact, nearly 14 percent of the boys and about 9 percent of the girls under age 20 who received benefits for an injury also received benefits for at least one subsequent injury during the same period. Of all the children who had a claim, about 10 percent had only one additional claim; a little more than 1 percent had two additional claims; only a negligible proportion had a total of four or more claims for accidental injury during the three-year period.

Improved Outlook in Congenital Heart Disease

RECENT ADVANCES in the surgical treatment of congenital heart defects have stimulated renewed interest in these conditions. While precise figures on the number of people in our country afflicted with such impairments are lacking, it appears that the number may exceed 50,000. A careful study made in England* indicates that the incidence of congenital heart disease among the newborn is about 3½ per 1,000 live births. Translated in terms of our experience, this means

*MacMahon, B., McKeown, T., and Record, R. G., "The Incidence and Life Expectation of Children With Congenital Heart Disease," *British Heart Journal*, Vol. 15, No. 2, p. 121, 1953.

that about 14,000 babies a year in the United States are born with impairments of this kind. Many of these defects are not compatible with life, with the result that the mortality from them is extremely high shortly after birth. Of the more than 9,200 deaths ascribed to congenital malformations of the circulatory system in 1955, no less than 75 percent occurred during the first year of life. These deaths accounted for nearly 7 percent of the total infant mortality, which figure somewhat understates the actual toll, because the reporting of congenital heart disease as a cause of death in early infancy is incomplete.

As the table on page 10 shows, the mortality rate from congenital malformations of the circulatory system drops very rapidly from infancy to ages 1-4, but thereafter changes relatively little. The death rate remains at a little over 1 per 100,000 between ages 5 and 25, and then dips somewhat below that level. Among infants, the mortality rate from this cause is higher among males than among females; in each sex the rate is higher for white babies than for nonwhites, but this may reflect, in part at least, the greater underreporting of such deaths in the latter group.

Less than 4 out of every 10 infants with congenital heart disease survive to their first birthday, according to the English study previously cited. Of those who reach age 1, about 5 percent die before attaining age 5, reflecting a mortality several times the average. The death toll is also abnormally high at succeeding ages, due in large part to intercurrent infections, the most serious of which is subacute bacterial endocarditis. Furthermore, many children with congenital heart disease subsequently acquire rheumatic fever and hence experience added cardiac damage.

A number of operative procedures for correction of various congenital heart defects have been developed during the past 20 years. The operative mortality associated with the several types of operation varies greatly; for some types it has been reduced considerably, but in the more delicate and complicated procedures the mortality is still rather high. It is too early yet to evaluate the long-term results of cardiac surgery for congenital defects, but studies indicate that a number of such patients found suitable for operation have been enabled to carry on a fairly normal degree of activity. For example, a six to eight year follow-up study of 100 consecutive children who had been operated on since 1946 in a Chicago hospital for tetralogy of Fallot,† popularly known as the blue-baby operation, showed that 86 were still living. Of these, 68 were able to lead virtually a normal life, except for avoidance of violent exercise or competitive athletics. A follow-up investigation of cases

†Potts, W. J., et al, "Surgical Correction of Tetralogy of Fallot," *The Journal of the American Medical Association*, Vol. 159, p. 95, September 10, 1955.

MORTALITY FROM CONGENITAL MALFORMATIONS OF THE CIRCULATORY SYSTEM*

By Color, Sex, and Age. United States, 1953-55

Age Group	Average Annual Death Rates per 100,000				
	Total Persons	White		Nonwhite	
		Males	Females	Males	Females
Under 1	193.9	225.8	171.4	171.6	149.0
1– 4	5.4	5.0	5.4	6.5	5.7
5– 9	1.3	1.3	1.3	1.4	1.2
10–14	1.2	1.2	1.1	1.2	1.0
15–24	1.3	1.5	1.0	1.4	1.2
25–44	0.9	0.9	1.0	0.9	0.6
45 and over	0.7	0.8	0.6	0.8	0.3

*More than 90 percent of the deaths in this classification are due to congenital defects of the heart.
Source of basic data: Reports of National Office of Vital Statistics.

operated on for the same condition at the Johns Hopkins Hospital‡ during 1944-47 showed that of those surviving five to eight years after surgery, three fourths were considered to be in good condition; the most favorable results were for patients between 8 and 12 years of age at time of operation.

Not only has cardiac surgery improved the outlook for patients with many conditions which formerly were considered to be practically hopeless, but it has also proved a great stimulus to research in this field. As a result, new operations are likely to be developed which will permit the extension of surgery to more complex congenital defects. At the same time, various devices are being developed to increase the scope and safety of such surgical procedures. Accordingly, the prospect is good that an increasing number of patients with congenital heart conditions will survive and be rehabilitated. Furthermore, the risk of streptococcal infections in congenital heart disease and of superimposed rheumatic heart disease can be largely counteracted by the routine use of chemotherapy.

Research along other lines, too, may eventually be fruitful in controlling congenital heart disorders. Little is known of the causative factors. German measles in the mother during the first trimester of pregnancy is a cause of such disorders, but this accounts for only a minor proportion of the total. Further investigations are being made of the role of infections in pregnant women and of the part played by genetic factors.

‡White, B. D., et al, "Five-Year Postoperative Results of First 500 Patients With Blalock-Taussig Anastomosis for Pulmonary Stenosis or Atresia," *Circulation*, Vol. 14, No. 4, Part 1, p. 512, October 1956.

MORTALITY FROM SELECTED CAUSES

Industrial Policyholders, Metropolitan Life Insurance Company

September 1957

Cause of Death	Annual Rate per 100,000 Policyholders*				
	September		Year to Date		
	1957†	1956	1957†	1956	1955
All Causes	596.9	573.5	646.1	623.7	631.8
Tuberculosis (all forms)	6.6	5.8	6.8	7.4	8.2
Communicable diseases of childhood	—	.1	.2	.3	.3
Acute poliomyelitis	.1	1.2	.1	.3	.6
Malignant neoplasms	138.5	128.3	136.5	129.1	129.7
Digestive system	47.2	44.0	47.7	44.3	45.5
Respiratory system	18.8	17.6	19.1	17.4	16.5
Diabetes mellitus	15.1	15.2	14.8	15.2	15.1
Diseases of the cardiovascular-renal system	302.9	292.2	344.0	334.4	333.5
Vascular lesions, central nervous system	57.7	56.1	66.0	65.1	65.6
Diseases of heart	222.6	212.7	252.7	244.7	242.8
Chronic rheumatic heart disease	9.5	9.7	11.2	11.6	12.4
Arteriosclerotic and degenerative heart disease	174.1	166.7	197.5	190.4	187.1
Diseases of coronary arteries	99.9	97.9	112.4	109.2	108.4
Hypertension with heart disease	29.7	26.8	33.8	34.1	34.9
Other diseases of heart	9.3	9.5	10.2	8.6	8.4
Nephritis and nephrosis	7.6	7.0	7.9	7.8	8.7
Pneumonia and influenza	12.9	10.2	15.0	14.3	14.9
Complications of pregnancy, childbirth	.9	.7	.9	.9	1.0
Suicide	4.9	5.3	5.7	5.7	6.2
Homicide	3.1	1.9	2.9	2.3	2.1
Accidents—total	35.7	38.4	35.2	35.7	36.9
Motor vehicle	16.5	17.2	15.0	15.4	14.9
All other causes	76.2	74.2	84.0	78.1	83.3

*The death rates prior to March 1956 relate to persons insured under Industrial premium-paying policies and persons with Ordinary Monthly Premium Policies for Less Than $1,000; beginning with March 1956, included also are persons with Debit Book Ordinary policies for $2,000 or less.

†The death rates for 1957 are provisional.

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STATISTICAL BULLETIN

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MORTALITY FROM ALL CAUSES

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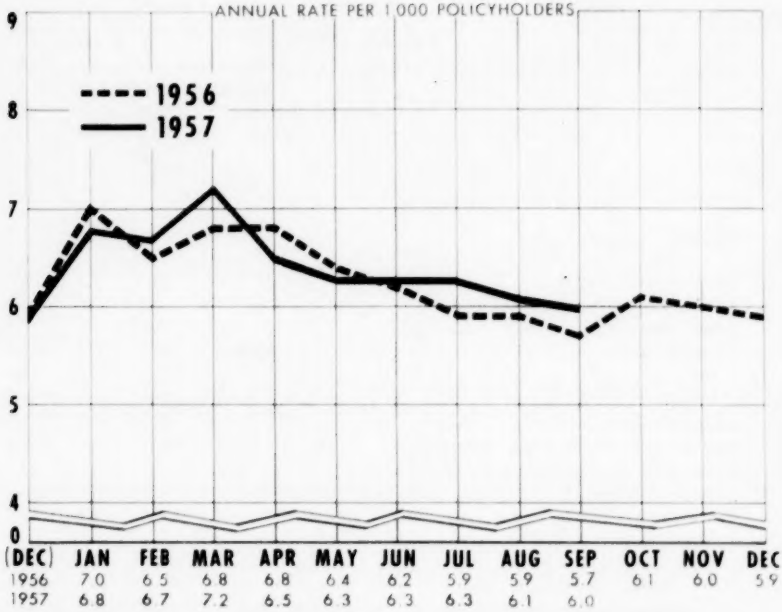

(DEC)	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
1956	7.0	6.5	6.8	6.8	6.4	6.2	5.9	5.9	5.7	6.1	6.0	5.9
1957	6.8	6.7	7.2	6.5	6.3	6.3	6.3	6.1	6.0			

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